

Patent Application  
Docket No. 34645-00525USPT  
Ericsson No. P13989-US2

RECEIVED  
CENTRAL FAX CENTER

FEB 01 2005

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Krister Svanbro et al.

Group No. 2667

Serial No.: 09/814,434

Examiner: Prenell P. Jones

Filed: March 21, 2001

For: COMMUNICATION SYSTEM AND METHOD FOR SHARED CONTEXT  
COMPRESSION

Mail Stop AMENDMENT  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

<p>CERTIFICATE OF MAILING OR TRANSMISSION</p> <p>I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage for First class or Express mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, or being facsimile transmitted to the USPTO at (703) 872-2306 on the date indicated below.</p> <p>Date: <u>February 1, 2004</u></p> <p>Name: <u>Pamela C. Shultz</u></p> <p>Signature: <u><i>Pamela C. Shultz</i></u></p>
---

Dear Sir:

AMENDMENT

In response to the First Office Action dated November 3, 2004, please amend the above-identified patent application as follows:

AMENDMENT-- Page 1 of 12

BEST AVAILABLE COPY

**PATENT APPLICATION FEE DETERMINATION RECORD**  
Effective October 1, 2000

Application or Docket Number

34645-00525USPT

**CLAIMS AS FILED - PART I**

	(Column 1)	(Column 2)
TOTAL CLAIMS	22	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	22 minus 20 =	2
INDEPENDENT CLAIMS	4 minus 3 =	1
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

\* If the difference in column 1 is less than zero, enter "0" in column 2

**CLAIMS AS AMENDED - PART II**

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	•	Minus .. 22	=
Independent	•	Minus ... 4	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	•	Minus ..	=
Independent	•	Minus ...	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	•	Minus ..	=
Independent	•	Minus ...	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  
 \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  
 \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

**SMALL ENTITY TYPE** ☐ OR

RATE	FEE
BASIC FEE	355.00
X\$ 9=	
X40=	
+135=	
TOTAL	

**OTHER THAN SMALL ENTITY**

RATE	FEE
BASIC FEE	710.00
X\$18=	36.00
X80=	80.00
+270=	
TOTAL	826.00

**SMALL ENTITY** OR

RATE	ADDITIONAL FEE
X\$ 9=	
X40=	
+135=	
TOTAL	

**OTHER THAN SMALL ENTITY**

RATE	ADDITIONAL FEE
X\$18=	
X80=	
+270=	
TOTAL	

RATE	ADDITIONAL FEE
X\$ 9=	
X40=	
+135=	
TOTAL	

RATE	ADDITIONAL FEE
X\$18=	
X80=	
+270=	
TOTAL	

RATE	ADDITIONAL FEE
X\$ 9=	
X40=	
+135=	
TOTAL	

RATE	ADDITIONAL FEE
X\$18=	
X80=	
+270=	
TOTAL	

BEST AVAILABLE COPY

BEST AVAILABLE COPY